

Registration Form For State Dental Hygienist Organizations
Affiliated With a National Organization

Maryland State Board of Dental Examiners

COMPLETE THIS FORM IF YOU ARE A STATE DENTAL HYGIENIST
ORGANIZATION AFFILIATED WITH A NATIONAL ORGANIZATION AND YOU
WISH TO REGISTER WITH THE BOARD TO NOMINATE A DENTAL HYGIENIST
CANDIDATE FOR APPOINTMENT TO THE MARYLAND STATE BOARD OF
DENTAL EXAMINERS

This form must be received by the Board on or before April 7, 2014

If you wish to nominate a dental hygienist candidate you must also complete a Nomination Petition Form For State Dental Hygienist Organizations Affiliated With a National Organization. The Nomination Petition Form For State Dental Hygienist Organizations Affiliated with a National Organization must be filed on or before April 7, 2014 or it will be invalid. The State dental hygienist organization affiliated with a national organization must be properly registered with the Board before the Nomination Petition Form for State Dental Hygienist Organizations Affiliated With a National Organization will be reviewed for filing.

You will receive a confirmation letter from the Board shortly after the Board receives this form. Nevertheless, you are strongly urged to contact Ms. Bonita McFadden, Election Coordinator at 410-402-8503 to confirm receipt of this form.

I. General Information

Name of State dental hygienist organization affiliated with a national organization

Address of State dental hygienist organization

Telephone number of State dental hygienist organization

Contact person's name and telephone number

Name of national dental hygienist organization with which state organization is affiliated

Address of national dental hygienist organization

Telephone number of national dental hygienist organization

Contact person's name and telephone number

II. Documentation

The following documents must be provided with this registration form:

1. A current Certificate of Status issued by the State Department of Assessments and Taxation;
2. A certified copy of the State dental hygienist organization's bylaws; and
3. Proof that the State dental hygienist organization is a constituent organization of the national organization.

III. Signature of President, Executive Director, or Administrator

I solemnly affirm under penalties of perjury and upon personal knowledge that the contents of the foregoing paper and attachments are true.

Signature of President, Executive Director, or Administrator of State
Dental Hygienist Organization Affiliated with a National Organization

Title (Either President, Executive Director, or Administrator)

Date